

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570110

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		0					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16	1						66						
17		1					67						
18		2					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25			1				75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42			1				92						
43				1			93						
44				1			94						
45				1			95						
46			1				96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		22	←		←	TOTAL DEP.	←		←		←	←
TOTAL CLAIMS			26				TOTAL CLAIMS						

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